Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3980AGZ	A. BUILDING _____ B. WING _____	08/27/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE ACKERMAN	7385 ACKERMAN AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 8/27/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by:	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3980AGZ	A. BUILDING _____ B. WING _____	08/27/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE ACKERMAN	7385 ACKERMAN AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 103	Continued From page 1 Based on record review on 8/27/09, the facility failed to ensure 3 of 5 caregivers complied with NAC 441A.375 regarding tuberculosis testing and pre-employment physical (Employee #2, #3 and #4) for the protection of all residents. Employee #3 failed to provide evidence of a pre-employment physical, Employee #3 and #4 failed to provide evidence of a pre-employment physical or 2 step TB test. Severity: 2 Scope: 3	Y 103		
Y 172 SS=C	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Based on observation on 8/27/09, the facility failed to ensure 4 of 4 containers used to store garbage outside the facility were covered. Severity: 1 Scope: 3	Y 172		
Y 223 SS=C	449.213(3) Laundry-Linen - Equipment, Venting NAC 449.213 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served.	Y 223		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3980AGZ	A. BUILDING _____ B. WING _____	08/27/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE ACKERMAN	7385 ACKERMAN AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 223	Continued From page 2 The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. This Regulation is not met as evidenced by: Based on observation on 8/27/09, the facility failed to ensure the dryer in the laundry room was vented to the outside. The facility failed to ensure lint was not built up behind the dryer, on the wall next to the dryer, and on the blinds in the laundry room. Severity: 1 Scope: 3	Y 223		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Based on interview and observation on 8/27/09, the facility failed to follow the posted menu for 2	Y 274		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3980AGZ	A. BUILDING _____ B. WING _____	08/27/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE ACKERMAN	7385 ACKERMAN AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 274	Continued From page 3 of 2 meals observed in the facility. The facility failed to document the substitutions on the posted menu. Severity: 1 Scope: 3	Y 274		
Y 356 SS=E	449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Based on observation on 8/27/09, the facility failed to ensure 1 of 3 bathrooms (Bathroom #2) was not equipped with a 2 motion lock. Severity: 2 Scope: 2	Y 356		
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on observation on 8/27/09, the facility failed to ensure 2 smoke detectors were in proper operating condition. The facility failed to have a batter in the smoke detector in the office, and the smoke detector in Bedroom #8 was not working.	Y 444		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3980AGZ	A. BUILDING _____ B. WING _____	08/27/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE ACKERMAN	7385 ACKERMAN AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 444	Continued From page 4 Severity: 2 Scope: 1	Y 444		
Y 621 SS=D	449.2702(4)(b) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint. This Regulation is not met as evidenced by: Based on observation and interview on 8/27/09, the facility failed to ensure 2 of 8 residents (Resident #4 and #8) were not restrained by the use of a full bed rail. Employee #1 stated full bed rails were used for Resident #8 to keep her from getting up during the night. Severity: 2 Scope: 1	Y 621		
Y 693 SS=D	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates	Y 693		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3980AGZ	A. BUILDING _____ B. WING _____	08/27/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE ACKERMAN	7385 ACKERMAN AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 693	Continued From page 5 periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. This Regulation is not met as evidenced by: Based on observation on 8/27/09, the facility failed to ensure 2 oxygen tanks were secured in a rack or to the wall in the closet of the office. Severity: 2 Scope: 1	Y 693		
Y 876 SS=C	449.2742(4) NRS 449.037 NAC 449.2742	Y 876		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3980AGZ	A. BUILDING _____ B. WING _____	08/27/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE ACKERMAN	7385 ACKERMAN AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 876	Continued From page 6 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 8/27/09, the facility failed to ensure an ultimate user agreement was obtained for 8 of 8 residents. Severity: 1 Scope: 3	Y 876		
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 8/27/09, the facility failed to ensure 6 of 8 residents received medications as prescribed (Resident #1,	Y 878		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3980AGZ	A. BUILDING _____ B. WING _____	08/27/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE ACKERMAN	7385 ACKERMAN AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 878	Continued From page 7 #2, #4, #5, #6 and #8). Medications belonging to 6 of 8 residents were not available. Severity: 2 Scope: 3	Y 878		
Y 885 SS=F	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Based on observation and interview on 8/27/09, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred. Expired medications were on site for Resident #2 and Resident #3. A tote full of medications for discharged residents was found in the closet in the office. Severity: 2 Scope: 3	Y 885		
Y 890 SS=C	449.2744(1)(a)(1)-(4) Medication / Receipt Log	Y 890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3980AGZ	A. BUILDING _____ B. WING _____	08/27/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE ACKERMAN	7385 ACKERMAN AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 890	Continued From page 8 NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility. (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medications is removed from the facility or destroyed. This Regulation is not met as evidenced by: Based on observation and interview on 8/27/09, the facility failed to ensure a medication delivery log for 8 of 8 residents. Severity: 1 Scope: 3	Y 890		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door	Y 991		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3980AGZ	A. BUILDING _____ B. WING _____	08/27/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE ACKERMAN	7385 ACKERMAN AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 991	Continued From page 9 is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Based on observation on 8/27/09 the facility failed to ensure the facility was equipped with door alarms on all exit doors to the facility. The facility had alarms on the front door, exit from the family room and exit from Bedroom #6 however all alarms were turned off when the surveyor arrived. The door exiting from the office was not equipped with an alarm. During the survey the maintenance man, a physical therapist, and a family member of one of the residents entered through that door. Severity: 2 Scope: 3	Y 991		
Y 994 SS=F	449.2756(1)(e) Alz fac -Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation on 8/27/09, the facility failed to ensure knives and forks were locked in the kitchen and a razor in Bedroom #1 were inaccessible to the residents.	Y 994		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3980AGZ	A. BUILDING _____ B. WING _____	08/27/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE ACKERMAN	7385 ACKERMAN AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 994	Continued From page 10 Severity: 2 Scope: 3	Y 994		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility-Toxic substances NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation on 8/27/09, the facility failed to ensure all toxic substances were inaccessible to the residents. In the laundry room cleaning solutions and bleach were observed in an unsecured cabinet over the washer and dryer. The laundry room has a key lock, but the door was not always closed during the survey and the cabinets did not have a lock. Severity: 2 Scope: 3	Y 999		